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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/914682		FILING DATE						
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	IND.	DEP.	*	IND.	DEP.	IND.	DEP.
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